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***QuickLinks***


Allergy Information on PharmaNet ..... 1
Keeping Pharmacy Lines Clear ..... 2
Changes to B.C. Controlled Prescription Program Forms ..... 2
Guidelines for Ministry Refusal to Enter into a Pharmacy Participation Agreement ..... 3
Special Services Fees ..... 3
Special Authority Coverage of Tiotropium (Spiriva®) ..... 4
Special Authority Coverage of Insulin Glargine (Lantus®) ..... 4
Low Cost Alternative (LCA) / Reference Drug Program (RDP) Booklet Changes ..... 5
Benefits ..... 6
Limited Coverage Program ..... 7
Non-Benefits ..... 7


## ALLERGY INFORMATION ON PHARMANET

When filling a prescription, it is important that pharmacists check for patient allergies and evaluate potential interactions.

Depending on the pharmacy software your pharmacy uses, some allergies included on a patient's PharmaNet record may not be taken into account in background interaction checking. For this reason, we remind pharmacists not to rely solely on PharmaNet when assessing potential drug allergies.

Some pharmacy software requires a separate step to transmit allergy information from your local system to PharmaNet. Other software systems automatically send the allergy information to PharmaNet but may insert the allergy information into the Clinical Conditions field rather than the Adverse Reaction field.

Background checks take only the Adverse Reaction field into account. As an example, a prescription for amoxicillin being filled for a patient with a known allergy to penicillin will not trigger a PharmaNet alert if the allergy information is in the Clinical Conditions field.

Please view both the Adverse Reaction field and the Clinical Conditions field each time a prescription is filled. If you find allergy information in the Clinical Conditions field, re-enter it into the Adverse Reaction field. If you need assistance in re-entering the information, please contact your software vendor.

We anticipate that the new PharmaNet system, which will be deployed in 2008, will address the issue.

**The use of PharmaNet is not intended as a substitute for professional judgment. Information on PharmaNet is not exhaustive and cannot be relied upon as complete. The absence of a warning about a drug or drug combination is not an indication that the drug or drug combination is safe, appropriate or effective in any given patient. Health care professionals should confirm information obtained from PharmaNet, and ensure no additional relevant information exists, before making patient care decisions.**

BRITISH COLUMBIA Ministry of Health

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## KEEPING PHARMACY LINES CLEAR

Recently, patients have been phoning the Health Insurance BC PharmaNet HelpDesk using the phone numbers reserved for pharmacy use. There have also been instances in which pharmacists have placed a call to the HelpDesk using the pharmacy lines and then handed the phone to a customer. Both these practices increase traffic on the pharmacy phone queues, which compromises service to other pharmacies.

Please do not share the HelpDesk pharmacy numbers with patients. Instead, refer patients to the Health Insurance BC public phone lines or the PharmaCare website.

### Telephone Numbers for the Public

From Vancouver, call **604-683-7151**

From the rest of B.C., call toll-free **1-800-663-7100**

Health Insurance

Customer Service Representatives are available to assist callers Monday to Friday, 8:00 a.m. to 8:00 p.m. and Saturday 8:00 a.m. to 4:00 p.m.

Reminder: British Columbians can register for Fair PharmaCare 24 hours a day, 7 days a week if they use online registration. To access the online registration system, follow the links from the PharmaCare home page at www.health.gov.bc.ca/pharme.

## CHANGES TO B.C. CONTROLLED PRESCRIPTION PROGRAM FORMS

The College of Physicians and Surgeons of BC (CPSBC) administers the B.C. Controlled Prescription Program (formerly the "Triplicate Prescription Program"). The Controlled Prescription Program has been in place since 1990, supporting the appropriate use of controlled drugs for which a special duplicate prescription form is required. The CPSBC requires one copy of the duplicate form to be retained by the prescribing physician and the other by the pharmacy.

In **mid-July 2007**, in cooperation with the CPSBC and the College of Pharmacists of BC (CPBC), we released a new B.C. Controlled Prescription Form with security features. A separate form for methadone has also been introduced.

The new methadone forms are designed for routine methadone maintenance prescriptions. The revised B.C. Controlled Prescription Forms are for all controlled substances and for non-routine methadone prescriptions (such as methadone that is for pain, for home delivery, split-dose, longer carry intervals, or involving frequent dose changes).

**Pharmacists can continue to accept the existing forms indefinitely for all controlled drugs including routine methadone prescriptions.** Over time the new forms will gradually replace the existing supply.

The College of Physicians & Surgeons has advised physicians about the new forms and the College of Pharmacists is informing pharmacists directly about the new security features.

If you have questions regarding the new prescription pads, please contact the College of Pharmacist's *On-Call Pharmacist* phone line at 1-800-663-1940, 9:30 a.m. to 4:30 p.m., Monday to Friday.

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Still getting printed copies you don't actually need? Please call the PharmaNet HelpDesk and ask to be removed from the 'hard copy' mailing list.

## GUIDELINES FOR MINISTRY REFUSAL TO ENTER INTO A PHARMACY PARTICIPATION AGREEMENT

The Ministry of Health, through the Pharmaceutical Services Division (PSD), has a duty to the public to deliver a responsible and accountable PharmaCare program. If circumstances exist which could compromise the integrity of the PharmaCare program, PSD may choose not to enter into a Pharmacy Participation Agreement (PPA).

### Guidelines

PSD will maintain a Referral List which will include the name of any individual who PSD determines meets any of the following criteria:

1. A pharmacy owner, director, or manager who has been convicted of a criminal offence for:
   - **(a)** Fraud or theft related to:
     - i) Claims submitted to the PharmaCare program or any provincial, federal, territorial or private insurance program;
     - ii) Pharmacy services or activities; or
     - iii) Banking activities;
   - **(b)** Trafficking drugs and/or medical supplies; or
   - **(c)** Possession of illegal drugs.
2. A pharmacy owner, director, or manager who has had his/her registration with any licensing or regulatory body of pharmacists (i.e. College of Pharmacists of British Columbia) cancelled or suspended.
3. A pharmacy owner, director, or manager who has had a PharmaCare PPA terminated.

PSD will provide the Referral List and any updates to it to PharmaCare Information Support at Health Insurance British Columbia (HIBC).

When HIBC processes a PPA and becomes aware that an individual is on the Referral List or may meet any of the criteria to be placed on the Referral List, HIBC will forward the pharmacy information to the Director, PharmaNet and Evaluation for further review.

### Decision Process

1. The PSD will write the pharmacy manager to advise that the PPA application is under review. The pharmacy manager will be asked to provide any response and additional information to PSD within thirty days.
2. PSD will review all information, including any provided by the pharmacy manager, and based on the circumstances and the above criteria, will make a decision on whether or not to enter into a PPA with the pharmacy. The review will begin as soon as new information is received from the pharmacy manager or once the thirty day time limit for response expires, whichever occurs first.
3. (a) If PSD decides to enter into a PPA with the pharmacy, PSD will instruct HIBC to proceed with issuing a new PPA.
   (b) If PSD decides not to enter into a PPA with the pharmacy, PSD will notify the pharmacy manager in writing, and provide HIBC with a copy of the letter.

## SPECIAL SERVICES FEES

The number of Special Services fees paid by PharmaCare over the past twelve months are:

| | | | |
|---|---|---|---|
| Jun 2007 | 3,200 | Dec 2006 | 4,462 |
| May 2007 | 3,385 | Nov 2006 | 4,425 |
| Apr 2007 | 2,861 | Oct 2006 | 3,715 |
| Mar 2007 | 3,135 | Sep 2006 | 3,505 |
| Feb 2007 | 2,777 | Aug 2006 | 3,361 |
| Jan 2007 | 2,653 | Jul 2006 | 3,038 |

## SPECIAL AUTHORITY COVERAGE OF TIOTROPIUM (SPIRIVA®)

Effective **July 3, 2007**, tiotropium became available for PharmaCare coverage through the Special Authority (SA) process for:

Patients with

a diagnosis of Chronic Obstructive Pulmonary Disease (COPD) as evidenced by the following spirometry measurements

- $FEV_1$ as a percentage of predicted value (less than or equal to 59%)

and

- Ratio of actual $FEV_1$ / FVC (less than 0.7)

PLUS

an inadequate response after a three month trial of ipratropium at a dose of 12 puffs daily.

Note: In remote areas, where spirometry access is limited, spirometry measurements to be provided within six months.

A specialty exemption has been granted for respirologists. This means that tiotropium prescribed on or after July 3, 2007, will be covered for all eligible patients of B.C. respirologists. Additionally, if tiotropium is initially prescribed by a respirologist on or after July 3, 2007, an indefinite SA approval will be created for the patient (this is known as an Assumed SA). Therefore, when a respirologist is the initial prescriber, general practitioners and other prescribers do not need to submit an SA request to maintain the patient's tiotropium coverage.

Coverage is subject to the usual rules of a patient's PharmaCare plan, including any deductible requirement. Retroactive coverage cannot be provided for prescriptions filled before SA approval is in place.

## SPECIAL AUTHORITY COVERAGE OF INSULIN GLARGINE (LANTUS®)

Effective **August 1, 2007**, the long-acting insulin, insulin glargine, became available for PharmaCare coverage through the Special Authority (SA) process for:

Patients who are over 17 years of age and have been diagnosed with Type 1 or Type 2 diabetes requiring insulin and are currently taking insulin NPH and/or pre-mix insulin daily at optimal dosing AND

1. Have experienced unexplained nocturnal hypoglycemia at least once a month despite optimal management.

   OR

2. Have documented severe or continuing systemic or local allergic reaction to existing insulin.
   Note: Documentation of previous trials (i.e., specific insulin tried and patient's response) is required.

A specialty exemption for insulin glargine for endocrinologists has been created. This means that insulin glargine prescribed on or after August 1, 2007, is covered for all eligible patients of B.C. endocrinologists. Additionally, if insulin glargine is initially prescribed by an endocrinologist on or after August 1, 2007, an indefinite SA approval will be created for the patient (this is known as an Assumed SA). Therefore, when an endocrinologist is the initial prescriber, general practitioners and other prescribers do not need to submit an SA request to maintain the patient's insulin glargine coverage.

Please note that, if an endocrinologist prescribed insulin glargine before August 1, 2007, but wrote a prescription that included refills, the patient will be covered when the next refill is claimed.

Coverage of insulin glargine is subject to the usual rules of a patient's BC PharmaCare plan, including any deductible requirement. Retroactive coverage cannot be provided for prescriptions filled before SA approval is in place.

Reminder: As per the manufacturer's product monograph, insulin glargine must **not** be diluted or mixed with any other insulins or solution.

## LOW COST ALTERNATIVE (LCA) / REFERENCE DRUG PROGRAM (RDP) BOOKLET CHANGES

Effective **September 4, 2007**, the following LCA categories have been revised.

| Category | | New LCA Price | New LCA Status |
|---|---|---|---|
| | **FENOFIBRATE FC TAB 160 MG** | | |
| 2246860 | APO-FENO SUPER | | F |
| 2289091 | NOVO-FENOFIBRATE-S | | No change |
| 2288052 | SANDOZ FENOFIBRATE S | | F |
| 2250004 | FENOMAX | | F |
| 2241602 | LIPIDIL SUPRA | .8791 | No change |
| | **FENOFIBRATE TAB 145 MG** | | |
| 2269082 | LIPIDIL EZ | .8791 | No change |
| | **FENOFIBRATE TAB 48 MG** | | |
| 2269074 | LIPIDIL EZ | .2910 | No change |

F - Fully covered.

### New Drugs Categorized to LCA and/or RDP

The following newly-approved benefits have been added to existing LCA/RDP categories as eligible benefits for Plans B, C, F, I, and, if applicable, Plan G. (For the Plan G formulary, please visit the Special Authority Information page on the PharmaCare website at www.health.gov.bc.ca/pharme.)

| DIN | MAN | DRUG NAME | RDP | LCA STATUS | SPECIAL AUTHORITY ONLY |
|---|---|---|---|---|---|
| 2283891 | NOP | NOVO-RAMIPRIL 1.25 mg capsule | | P | |
| 2247945 | NOP | NOVO-RAMIPRIL 2.5 mg capsule | | P | |
| 2247946 | NOP | NOVO-RAMIPRIL 5 mg capsule | | P | |
| 2247947 | NOP | NOVO-RAMIPRIL 10 mg capsule | | P | |
| 2288265 | PMS | PMS-LEFLUNOMIDE 10 mg tablet | | P* | Y |
| 2288273 | PMS | PMS-LEFLUNOMIDE 20 mg tablet | | P* | Y |
| 2296101 | PMS | PMS-LEVETIRACETAM 250 mg tablet | | P* | Y |
| 2296128 | PMS | PMS-LEVETIRACETAM 500 mg tablet | | P* | Y |
| 2296136 | PMS | PMS-LEVETIRACETAM 750 mg tablet | | P* | Y |
| 2284421 | UNK[1] | RAN-PRAVASTATIN 10 mg tablet | | P | |
| 2284448 | UNK[1] | RAN-PRAVASTATIN 20 mg tablet | | P | |
| 2284456 | UNK[1] | RAN-PRAVASTATIN 40 mg tablet | | P | |

1 - Ranbaxy Pharmaceuticals Canada Inc.

P - Partially covered

P* - Drug is a partial benefit if a Special Authority is in place when the prescription is filled.

## BENEFITS

The following new products are now eligible PharmaCare benefits for Plans B, C, F, I and, if indicated below, Plan G and/or Plan P.

| DIN | MAN | DRUG NAME | PLAN G | PLAN P |
|---|---|---|---|---|
| 2285606 | UNK[1] | ALVESCO™ (CICLESONIDE) 100 mcg metered dose inhaler | N | Y |
| 2285614 | UNK[1] | ALVESCO™ (CICLESONIDE) 200 mcg metered dose inhaler | N | Y |

1 - Altana Pharma Inc.

## NEW BRAND DRUGS CATEGORIZED TO LCA

The following products have been added to the LCA Program as partial benefits. These products are subject to the following LCA pricing exceptions:

- The Lipidil EZ 145 mg tablet LCA price is set at the fenofibrate FC 160 mg tablet LCA price ($0.7912).
- The Lipidil EZ 48 mg tablet LCA price is pro-rated to the Lipidil EZ 145 mg tablet LCA price ($0.2619).

Both products are eligible benefits for Plans B, C, F, I.

| DIN | MAN | DRUG NAME | LCA STATUS | LCA PRICE |
|---|---|---|---|---|
| 2269074 | UNK[1] | LIPIDIL EZ (FENOFIBRATE) 48 mg tablet | P | $0.2619 |
| 2269082 | UNK[1] | LIPIDIL EZ (FENOFIBRATE) 145 mg tablet | P | $0.7912 |

1 - Fournier Pharma P - Partially covered

The following products have been added as Limited Coverage benefits with Special Authority criteria and are included in the LCA Program as partial benefits. These products are subject to the following LCA pricing exceptions:

- The DDVAP MELT 60 mcg oral disintegrating tablet LCA Price is set at the desmopressin acetate 0.1 mg tablet LCA price ($1.0289).
- The DDVAP MELT 120 mcg oral disintegrating tablet LCA Price is set at the desmopressin acetate 0.2 mg tablet LCA price ($2.0577).

For the Special Authority criteria, please visit the Special Authority Information page on the PharmaCare website at www.health.gov.bc.ca/pharme.)

| DIN | MAN | DRUG NAME | LCA STATUS | LCA PRICE |
|---|---|---|---|---|
| 2284995 | FEI | DDAVP® MELT (DESMOPRESSIN ACETATE) 60 mcg oral disintegrating tablet | P* | $1.0289 |
| 2285002 | FEI | DDAVP® MELT (DESMOPRESSIN ACETATE) 120 mcg oral disintegrating tablet | P* | $2.0577 |

P* - Drug is a partial benefit if a Special Authority is in place when the prescription is filled.

## LIMITED COVERAGE PROGRAM

The following new products are now eligible benefits under the Limited Coverage Program—by Special Authority only—for Plans B, C, F, I and, if indicated below, Plan G and/or Plan P. For the Special Authority criteria, please visit the Special Authority Information page on the PharmaCare website at www.health.gov.bc.ca/pharme.)

| DIN | MAN | DRUG NAME | PLAN G | PLAN P |
|---|---|---|---|---|
| 2247085 | UNK[1] | AVANDAMET® (ROSIGLITAZONE/METFORMIN) 1 mg/500 mg tablet | N | N |
| 2247086 | UNK[1] | AVANDAMET® (ROSIGLITAZONE/METFORMIN) 2 mg/500 mg tablet | N | N |
| 2247087 | UNK[1] | AVANDAMET® (ROSIGLITAZONE/METFORMIN) 4 mg/500 mg tablet | N | N |
| 2248440 | UNK[1] | AVANDAMET® (ROSIGLITAZONE/METFORMIN) 2 mg/1000 mg tablet | N | N |
| 2248441 | UNK[1] | AVANDAMET® (ROSIGLITAZONE/METFORMIN) 4 mg/1000 mg tablet | N | N |
| 2270528 | NVR | DIOVAN® (VALSARTAN) 40 mg tablet | N | N |
| 2289504 | NVR | DIOVAN® (VALSARTAN) 320 mg tablet | N | N |
| 2245689 | AVP | LANTUS® (INSULIN GLARGINE) 100 IU/ml vial | N | Y |
| 2251930 | AVP | LANTUS® (INSULIN GLARGINE) 100 IU/ml cartridge | N | Y |
| 2246793 | BOE | SPIRIVA® (TIOTROPIUM BROMIDE) 18 mcg capsules for inhalation | N | Y |
| 2256460 | PFI | VFEND® (VORICONAZOLE), 50 mg tablets, indicated for the treatment of candidemia in non-neutropenic patients and the following Candida infections: disseminated infections in skin and infections in abdomen, kidney, bladder wall and wounds. | N | N |
| 2256479 | PFI | VFEND® (VORICONAZOLE), 200 mg tablets, indicated for the treatment of candidemia in non-neutropenic patients and the following Candida infections: disseminated infections in skin and infections in abdomen, kidney, bladder wall and wounds. | N | N |
| 2256487 | PFI | VFEND® (VORICONAZOLE), 200 mg intravenous infusion, indicated for the treatment of candidemia in non-neutropenic patients and the following Candida infections: disseminated infections in skin and infections in abdomen, kidney, bladder wall and wounds. | N | N |

1 - GlaxoSmithKline Inc.

## NON-BENEFITS

The following products have been reviewed and will not be added as benefits under PharmaCare.

| DIN | MAN | DRUG NAME |
|---|---|---|
| 2292998 | APX | APO-CEFPROZIL 250 mg tablet |
| 2293005 | APX | APO-CEFPROZIL 500 mg tablet |
| 2294745 | APX | APO-FLUTICASONE 50 mcg metered dose nasal spray |
| 2293528 | UNK[1] | RAN-CEFPROZIL 250 mg tablet |
| 2293579 | UNK[1] | RAN-CEFPROZIL 250 mg/5ml powder for oral suspension |
| 2293536 | UNK[1] | RAN-CEFPROZIL 500 mg tablet |
| 2296071 | RPH | RATIO-FLUTICASONE 50 mcg metered dose nasal spray |
| 2269198 | NVR | ACLASTA® (ZOLEDRONIC ACID) 5 mg/100ml solution for intravenous infusion |
| 2284642 | UNK[2] | AZILECT® (RASAGILINE MESYLATE) 0.5 mg tablet |
| 2284650 | UNK[2] | AZILECT® (RASAGILINE MESYLATE) 1.0 mg tablet |
| 2238848 | UNK[3] | DENAVIR™ (PENCICLOVIR) 1% topical cream |

1 - Ranbaxy Pharmaceuticals Canada Inc.

2 - Teva Neuroscience

3 – Barrier Therapeutics Canada